State at Attrode Island Department of S	ivision	vision FILED					
Annual Report for the y	JAN 2 2 2021						
Corporation		·	_				
→ Filing period: January 1 -	March 1			a	v d		
<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25.00</li></ul>	) fee if form is no	ot filed by April 1.		<b>-</b>			_
1. Entity ID Number	2. Exact nam	e of the Corporation	1				
010506263	Ville	ige Resta	urand lv	nc			
Principal Office Address		Ť	City	. 1	State	Zip	
200 Main	Sł		Pant	ucket	I PI	02860	)
4. NAICS Code	6. Brief desc	ription of the charact	er of business co	onducted in Rhode	Island	•	
722571		Resourant					
5. State of Incorporation		Resouran 1					
RI							
7. List ALL officers (names and a	addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to indi	cate an attachment	
President Name				Vice-President Name			
Oluwatorin Wilcox							
Street Address Sunbury St			Street Address				
City A	State	Zip	City		State	Zip	
Frovideria	PI	02908					
Secretary Name			Treasurer Nam	е			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)			Check	the box to ind	icate an attachmen	t $\square$
Director Name	4		Director Name			•	
Street Address	Street Address						
Street Address			Sileer Address				
City	State	Zip	City		State	Zip	
6:			<u> </u>				
Director Name	Director Name						
Street Address			Street Address	<u> </u>			
	1-				10	Is.	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Check	the box to ind	icate an attachmen	t $\square$
This information is currently of record in the Department of State.		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
			1				
Changes require an additional filli	ng.			CNP			
11. This conset must be asset 4	d oo behalf -fit :		uthorise decrees	ontativo If the age-	oration in in the	hande of a rosaire	
<ol> <li>This report must be executed trustee, this report must be executed</li> </ol>					oration is in the	nanus or a receive	л <b>O</b> Г
Under penalty of perjury, I dec					mpanying sch	edules and	
statements, and that all states	nents contained					<del></del>	
Name of Authorized Representa	ti∧6				Date	<i>)</i>	

MAIL TO:

Signature of Authorized Representative

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov